

## PART-B - FEE(S) TRANSMITTAL

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23911 7590 11/26/2003

CROWELL & MORING LLP  
 INTELLECTUAL PROPERTY GROUP  
 P.O. BOX 14300  
 WASHINGTON, DC 20044-4300



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(Depositor's name)
(Signature)
(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/771,940	01/30/2001	Kiyotaka Miura	3007/49615	9124

TITLE OF INVENTION: THREE-DIMENSIONAL OPTICAL MEMORY MEDIUM AND PROCESS FOR PRODUCING SAME

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1330	\$300	\$1630	02/26/2004

EXAMINER	ART UNIT	CLASS-SUBCLASS
LESTER, EVELYN A	2873	359-237000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
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2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 Crowell & Moring LLP

2 \_\_\_\_\_

3 \_\_\_\_\_

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

Central Glass Company, Limited

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Yamaguchi, Japan

Please check the appropriate assignee category or categories (will not be printed on the patent); ☐ individual ☒ corporation or other private group entity ☐ government

4a. The following fee(s) are enclosed:

- ☒ Issue Fee
- ☒ Publication Fee
- ☒ Advance Order - # of Copies 5

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- ☒ A check in the amount of the fee(s) is enclosed.
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- ☒ The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 05-1323 (enclose an extra copy of this form).

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(Authorized Signature)

J. D. Evans, Reg. #26,269

(Date)

2/26/2004

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01 FC:1501

1330.00 OP

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